



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement

S-290 Intermediate Wildland Fire Behavior

Nominations due January 31, 2012

Minimum number of students: 6

Maximum number of students: 25

This is a classroom-based skills course designed to prepare the prospective fireline supervisor to undertake safe and effective fire management operations. It is the second course in a series that collectively serves to develop fire behavior prediction knowledge and skills. Fire environment differences are discussed as necessary; instructor should stress local conditions.

Objectives:

- Identify and describe the characteristics of fuels, weather, and topography that influence wildland fire behavior.
- Describe the interaction of fuels, weather, and topography on wildland fire behavior, fireline tactics, and safety.
- Describe the causes of extreme fire behavior conditions (long range spotting, crowning, and fire whirls) that develop due to weather, fuels, and/or topography.
- Interpret, communicate, apply, and document wildland fire behavior and weather information.

DATES OF CLASSES: February 27 – March 2, 2012

PREREQUISITES: Introduction to Wildland Fire Behavior (S-190)

TARGET GROUP: Personnel desiring to be qualified as any single resource boss or fire effects monitor (FEMO)

LOCATION: Loomis, WA area

LEAD INSTRUCTOR: Tom Leuschen

COURSE COORDINATOR: Tom Leuschen 509-670-3122

Mail, e-mail or FAX registrations to:

PO Box 664, Twisp, WA 98856

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Course Number S-290	Course Name Intermediate Wildland Fire Behavior	PRIORITY ____ of ____
IQCS Session Number	Course Location Loomis, WA	Course Date(s) Feb 27-March 2, 2012
Course Tuition (if required) NA	Course Coordinator Name (First Last) Tom Leuschen	Course Coordinator Phone Number 509-670-3122
Course Coordinator E-Mail Tom.leuschen@dfw.wa.gov	Course Coordinator FAX Number 509-997-0634	Date Submitted 11/22/2011
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail
Agency Name		Fax
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City
Zip	Telephone	Zip
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		